

## RESIDENTIAL BUILDING APPLICATION

Site Address: 2635 BAILEY'S CROSSROADS Rd, Benson PIN: 1610-92-1342.000  
Owner: Joshua Temple Phone: 919 397 2652 Email: jatemple2014@gmail.com  
Description of Proposed Work: Bedroom / MASTER BATH ADDITION Total Job Cost: 75,000

### GENERAL CONTRACTOR INFORMATION

\* Must be owner or licensed contractor. Address, company name & phone must match information on license.

OWNER  
General Contractor's Company Name 919 397 2652  
Address 2635 BAILEYS XROS Rd, Benson Phone jatemple2014@gmail.com  
License # \_\_\_\_\_ Email \_\_\_\_\_

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Addition / BASIC Lighting Service Size: 200 Amps T-Pole: YES ☐ NO ☒  
RST ELECTRIC 919-291-8766  
Electrical Contractor's Company Name Solomon RST @ gmail.com  
Address 3432 Zach's Mill Rd Phone \_\_\_\_\_  
License # 26202-i Email \_\_\_\_\_

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: NEW UNIT W/ DUCTWORK  
Servimeck Mechanical + ELECTRICAL Contractors INC. 919 370 0724  
Mechanical Contractor's Company Name joel Servimeck @ gmail.com  
Address 11927 US 64 W STE 105 Apex NC Phone \_\_\_\_\_  
License # L35463 Email \_\_\_\_\_

### PLUMBING CONTRACTOR INFORMATION

Description of Work: ADDING BATH, Moving Kitchen + Laundry # of Fixtures: 6  
Rudy Fletcher 919 634 2112  
Plumbing Contractor's Company Name RudysplumbingandRepairs 275@gmail.com  
Address PO Box 485 Smithfield NC 27577 Phone \_\_\_\_\_  
License # 11344 Email \_\_\_\_\_

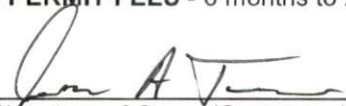
### INSULATION CONTRACTOR INFORMATION

Stephens Building Products 919 675 3665  
Insulation Contractor's Company Name \_\_\_\_\_ Phone \_\_\_\_\_



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of all changes.

**EXPIRED PERMIT FEES** - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corporation

\_\_\_\_\_  
Date 7/15/2025

### Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

\_\_\_\_ General Contractor ☒ Owner \_\_\_\_ Officer/Agent of the Contractor or Owner

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:


\_\_\_\_ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

\_\_\_\_ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

\_\_\_\_ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corporation

\_\_\_\_\_  
Date 7/15/2025